

Informed Consent

Dental Treatment, Bisphosphonates, and Osteonecrosis of the Jaw

It is reported and I understand, that persons taking bisphosphonates may develop a condition known as Osteonecrosis of the Jaw (ONJ). I have been told that bisphosphonates may be prescribed for the treatment and/or prevention of osteoporosis, a serious condition causing weakening of the bones; and for the treatment of certain tumors, cancer and other conditions. I understand that bisphosphonates include, but are not limited to: Actone[®], Aredia[®], Boniva[®], Fosamax[®], Zometa[®], Bonefos[®], Ostac[®], Skelid[®] and Didronel[®]. I understand that dental treatment may trigger ONJ for persons who are taking bisphosphonates. I understand that complications are rare, however, I have been told that ONJ is a serious and potentially untreatable condition.

Osteonecrosis of the Jaw may cause many problems, including but not limited to:

- Pain
- Swelling
- Infection of gums
- Loosening of the teeth
- Tooth loss
- Poor healing of gums
- Numbness
- Exposed bone in the mouth
- Drainage from a treatment site
- “Sequestra” or areas of dead tissue, usually bone, that have separated from healthy tissue. This dead tissue may work its way out of the gum and bone area, or it may have to be removed.

I understand that the effects of bisphosphonates last for many years and that stopping the drugs does not result in a “safe” time period for dental treatment. It has been estimated that it may take from 20 years to a lifetime for bisphosphonates to be eliminated from bone. I understand that my dentist will be performing the least invasive dental treatment possible to care for my oral conditions and that I have a major responsibility to maintain good home care. I understand that dental surgery, extractions, implants, root canal procedures, periodontal (gum) procedures, dentures, partials, “fillings”, crowns, inlays, onlays, periodontal (gum) scaling and root planing, taking of radiographs, dental examination, “cleaning” of the teeth and other dental treatments, may result in Osteonecrosis of the Jaw.

I understand and give my consent for the treatment Dr Byers has recommended and further understand the possible complications of this treatment that may arise due to my taking bisphosphonates.

Patient signature _____ Date _____

Dr Byers _____